10/628365

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

0628365

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		•
TOTAL CLAIMS			58					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			58 minus 20=		. 28			X\$ 9=		OR	X\$18=/ ⁹	5684.	
INDEPENDENT CLAIMS			minus 3 =		0			X42=		OR	X84≐		l
MÙ	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				·	+140=			+280=		
* 11,	the difference	in calumn 1 is	less than zer	o, enter	"0" in column 2			TOTAL		OR OR	TOTAL	1424	,
41	CLAIMS AS AMENDED - PART II									On	OTHER		
1	100	(Column 1)		(Colur				SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.62	Minus	 5	8	=4		X\$ 9=		OR	XSIB*	200	
	Independent	- ()	Minus	***	3	-3	4	X42=		OR		600	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
:								TOTAL ADDIT. FEE			TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)											ADDII. FEE		1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total _.	*	Minus	**		=		X\$ 9=		OR	X\$18=		l
	Independent	*	Minus	***		=		X42=		OR	X84=		١
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEPI	ENDEN	CLAIM		J.	+140=		OR	+280=		1
TOTAL										TOTAL		ł	
								ADDIT. FEE	1	OR	ADDIT, FEE	L	1
_		(Column 1) CLAIMS		(Colu		(Column 3	4.			•			1
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=].
	Independent	*	Minus	***		=		X42=		OR	X84=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										.000		1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	<u></u>	1
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE		4
	The "Highest Nur	mber Previously Pa	id For" (Total or	Independ	lent) is the	highest numi	ber fo	und in the ap	propriate bo	x in co	olumn 1.		